

Instructions:

The following information is provided for guidance purposes only. As FTA guidance changes, this form may require additional and/or different information and may require updated versions.

If your agency chooses to utilize this document, please ensure that all sections are specifically updated to reflect your agency's policies and procedures. Text in the gray field requires input from your agency. Instructional language is specifically noted in each gray box. Text that is highlighted yellow is optional language that you can use or discard, or it is instructional language that should be deleted after completing that section. Regardless if you use the language or not, when this form is submitted to ADOT Civil Rights Office, no yellow highlights or gray text boxes should be left in the form.

Additionally, agencies must certify that the policies and procedures listed in this plan will be implemented. Audits or inspections by the ADOT Civil Rights Office will be conducted based on your agency's compliance with the submitted Title VI Plan.

ALL COMPLETED PLANS MUST BE POSTED TO YOUR WEBSITE, EXCLUDING COMPLAINTS, INVESTIGATIONS, AND LAWSUITS.

SUBMIT YOUR FINAL APPROVED PLAN ALONG WITH SAMPLES (I.E. BROCHURES, FLYERS) TO ADOT WITH YOUR COMPLAINTS, INVESTIGATIONS AND LAWSUITS. ADOT WILL THEN REVIEW YOUR PLAN AND EITHER ACCEPT IT, OR REQUEST MODIFICATIONS. ADOT Civil Rights office can provide technical assistance as requested.

Website Guidance – The following documents **must** have links posted on your website. You may want to add a link titled "Title VI Civil Rights" to access all the required links below.

- Title VI Implementation Plan
- Notice to the Public for each language that meets the Safe Harbor Provision
- Complaint Form and Procedures (may use one link for both documents)

Title VI Implementation Plan

***[Optional] Insert town/agency
picture here***

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Executive Summary

DESCRIBE YOUR ORGANIZATION, WHAT IT DOES, AND TELL US A LITTLE ABOUT THE SERVICES YOU PROVIDE WITH THE 5311 OR 5310 GRANT FUNDS. ADDITIONALLY, TELL US HOW LONG YOU HAVE BEEN A GRANTEE, AND A LITTLE ABOUT YOUR ORGANIZATIONAL STRUCTURE. PLEASE AND INCLUDE AN ORGANIZATIONAL CHART.

What type of program fund(s) did you apply for?

- ☐ 5310
- ☐ 5311
- ☐ Other (please explain)_____

Type of Funding Requests? (Select all that apply)

- ☐ Vehicle Funds
- ☐ Operating Funds
- ☐ Other (please explain)_____

Non Discrimination Policy Statement

The **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** policy assures full compliance with Title VI of the Civil Rights act of 1964, the Restoration Act of 1987, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and related statutes and regulations in all programs and activities. Title VI states that “no person shall on the grounds of race, color, national origin, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination” under any **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** sponsored program or activity. There is no distinction between the sources of funding.

TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE also assures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** distributes Federal-aid funds to another entity/person, **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** will ensure all subrecipients fully comply with **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** Title VI Nondiscrimination Program requirements. The **TITLE OF HIGHEST RANKING OFFICIAL** has delegated the authority to **TYPE AGENCY PERSON RESPONSIBLE FOR TITLE VI**, Title VI Program Coordinator, to oversee and implement FTA Title VI requirements.

NAME AND TITLE OF HIGHEST RANKING OFFICIAL

Non Discrimination Notice to the Public

Notifying the Public of Rights Under Title VI and ADA **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE**

The **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE**.

For more information on the **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE**'s civil rights program, and the procedures to file a complaint, contact **TYPE TITLE VI CONTACT PERSON TYPE TITLE VI CONTACT PERSON PHONE NUMBER HERE**, (TTY **TYPE YOUR TTY NUMBER HERE**); email **TYPE TITLE VI PERSONS EMAIL HERE**; or visit our administrative office at **TYPE YOUR ADDRESS HERE**. For more information, visit **TYPE YOUR WEB ADDRESS HERE**

A complainant may file a complaint directly with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: **ADOT**: ATTN: Title VI Program Manager 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: ATTN: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact **TYPE ALTERNATE LANGUAGE PHONE NUMBER HERE**. Para información en Español llame: **TYPE NAME AND CONTACT INFORMATION HERE**

MAKE SURE THE SENTENCE ABOVE IS ALSO PROVIDED IN ANY LANGUAGE(S) SPOKEN BY LEP POPULATIONS THAT MEET THE SAFE HARBOR THRESHOLD

Non Discrimination Notice to the Public - Spanish

Aviso Público Sobre los Derechos Bajo el Título VI Y ADA TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE

TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE (y sus subcontratistas, si cualquiera) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o país de origen.

Para obtener más información sobre la TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE's programa de derechos civiles, y los procedimientos para presentar una queja, contacte TYPE TITLE VI CONTACT PERSON TYPE TITLE VI CONTACT PERSON PHONE NUMBER HERE, (TTY TYPE YOUR TTY NUMBER HERE); o visite nuestra oficina administrativa en TYPE YOUR ADDRESS HERE. Para obtener más información, visite TYPE YOUR WEB ADDRESS HERE

El puede presentar una queja directamente con Arizona Department of Transportation (ADOT) o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: ADOT: ATTN Title VI Program Manager 206 S. 17th Ave MD 155A Phoenix AZ, 85007 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: TYPE HERE WHERE THE NOTICE IS POSTED. At a minimum it must be posted online and in the public areas of the agency's/transit provider's office(s). This notice should also be posted at stations, stops, and on transit vehicles

*This notice is posted online at **TYPE URL HERE***

Non Discrimination Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **TYPE YOUR TRANSIT AGENCY/TRANSIT PROVIDER NAME HERE**, including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** or submitted to the State or Federal authority for guidance.

ADD IF YOU CHOOSE TO INVESTIGATE YOURSELF

- (7) **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** will notify the ADOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 602-712-8946; or email at civilrightsoffice@azdot.gov.
- (8) **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** has **XX** days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has **XX** business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within **SAME NUMBER AS BEFORE** business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must be also be submitted to ADOT within 72 hours of that decision. Letters may be submitted by hardcopy or email.
- (11) A complainant dissatisfied with **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** decision may file a complaint with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) offices of Civil Rights: **ADOT**: ATTN ADA/Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: **TYPE WEB ADDRESS HERE**

ADD IF CHOOSE TO HAVE ADOT INVESTIGATE FOR YOUR AGENCY

TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE will investigate Discrimination complaints against its subrecipients; all other Discrimination complaints filed against **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** will be investigated by the Arizona Department of Transportation.

- (7) For Discrimination complaints filed against **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE**: Within **72 hours or 3 (three)** calendar days of receipt, **TYPE YOUR AGENCY/TRANSIT**

PROVIDER NAME HERE will notify ADOT of the Discrimination complaints being filed. The complaint will then be logged identifying its basis of discrimination, the status, and the next steps. ADOT then will assume jurisdiction and follow the ADOT's complaint procedures for investigating the complaint.

- (8) For Discrimination complaints filed against **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE**'s subrecipients (ie, consultants, vendors, and contractors) **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** will assume jurisdiction and will investigate and adjudicate the case.
- (9) The **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** has **XX** days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has **XX** business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within **SAME NUMBER AS BEFORE** business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (10) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI or ADA violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (11) A copy of either the closure letter or LOF must be also be submitted to ADOT within 72 hours of that decision. Letters may be submitted by hardcopy or email.
- (12) A complainant dissatisfied with **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** decision may file a complaint with the Arizona Department of Transportation (ADOT) or the Federal Transit Administration (FTA) offices of Civil Rights: **ADOT**: ATTN ADA/Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (13) A copy of these procedures can be found online at: **TYPE WEB ADDRESS HERE**

If information is needed in another language, contact **TYPE ALTERNATE LANGUAGE PHONE NUMBER HERE**. Para información en Español llame: **TYPE NAME AND CONTACT INFORMATION HERE**

MAKE SURE THE SENTENCE ABOVE IS ALSO PROVIDED IN ANY LANGUAGE(S) SPOKEN BY LEP POPULATIONS THAT MEET THE SAFE HARBOR THRESHOLD

Discrimination Complaint Form

| | | |
|---|--------------------------------------|-------------------------------------|
| Section I: | | |
| Name: | | |
| Address: | | |
| Telephone (Home): | Telephone (Work): | |
| Electronic Mail Address: | | |
| Accessible Format Requirements? | <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Tape |
| | <input type="checkbox"/> TDD | <input type="checkbox"/> Other |
| Section II: | | |
| Are you filing this complaint on your own behalf? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| <i>*If you answered "yes" to this question, go to Section III.</i> | | |
| If not, please supply the name and relationship of the person for whom you are complaining. | | |
| Please explain why you have filed for a third party: | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Section III: | | |
| I believe the discrimination I experienced was based on (check all that apply): | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability | | |
| Date of Alleged Discrimination (Month, Day, Year): _____ | | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. | | |
| _____ _____ _____ | | |
| Section VI: | | |
| Have you previously filed a Discrimination complaint with this agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: _____

☐ Federal Court: _____ ☐ State Agency: _____

☐ State Court : _____ ☐ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI:

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

TYPE YOUR AGENCY'S NAME HERE TYPE TITLE HERE (i.e. Title VI Coordinator)

TYPE ADDRESS INFORMATION HERE

TYPE CITY, STATE, AND ZIP HERE

TYPE YOUR CONTACT PHONE NUMBER HERE

OPTIONAL: TYPE YOUR EMAIL ADDRESS HERE OR DELETE THIS SPACE

A copy of this form can be found online at **TYPE WEB ADDRESS HERE**

Discrimination Investigations, Complaints, and Lawsuits

This form will be submitted annually. If no investigations, lawsuits, or complaints were filed, a blank form will be submitted.

| Description/Name | Date (Month, Day, Year) | Summary (include basis of complaint: race, color, national origin or disability) | Status | Action(s) Taken (Final findings?) |
|-----------------------|-------------------------|--|--------|-----------------------------------|
| Investigations | | | | |
| 1) | | | | |
| 2) | | | | |
| Lawsuits | | | | |
| 1) | | | | |
| 2) | | | | |
| Complaints | | | | |
| 1) | | | | |
| 2) | | | | |

☐ **TYPE AGENCY NAME HERE** has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in **TYPE YEAR HERE**.

*TYPE YOUR
AGENCY/TRANSIT
PROVIDER NAME HERE
Public Participation
Plan*

[Optional] Insert town/agency
picture here

[INSTRUCTIONS] A Public Participation Plan or process is a document which explicitly describes proactive strategies, procedures, and desired outcomes that underpin the recipient's participation activities. Your agency has wide latitude to determine how, when, and how often specific public participation activities should take place, and which specific measures are most appropriate. Your agency should make your analysis based on a demographic analysis of the populations affected, the type of plan, program and/or service under consideration, and the resources available. If you have any questions or concerns while building your Public Participation Plan, please contact the ADOT Civil Rights Office at (602) 712-8946 and ask to speak with the FTA Title VI Program Specialist.

TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys. As an agency receiving federal financial assistance, **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** made the following community outreach efforts:

REQUIRED- LIST ALL PUBLIC MEETINGS OR PUBLIC HEARINGS THAT THE AGENCY CONDUCTS. LIST ALL PUBLICATIONS, PUBLIC ANNOUNCEMENTS. INCLUDE FREQUENCY

In the upcoming year **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** will make the following community outreach efforts:

LIST ALL UPCOMING PUBLIC MEETINGS OR PUBLIC HEARINGS THAT THE AGENCY WILL CONDUCT. INCLUDE FREQUENCY.

SUBMIT SAMPLE DOCUMENTS OF THE PUBLIC PARTICIPATION METHODS YOUR AGENCY USES.

TYPE YOUR
AGENCY/TRANSIT
PROVIDER NAME HERE

Limited English Proficiency Plan

[Optional] Insert town/agency
picture here

[INSTRUCTIONS] A Limited English Proficiency Plans (LEP)/ or Language Access Plans is a document which explicitly describes the proactive strategies, procedures, and desired outcomes to ensure meaningful access to benefits, services, information, and other important portions of programs and activities for individuals who are limited-English proficient (LEP). Your agency is strongly encouraged to review DOT's LEP guidance for additional information (70 FR 74087, Dec. 14, 2005) <http://www.gpo.gov/fdsys/pkg/FR-2005-12-14/pdf/05-23972.pdf>. Additionally, your agency is also encouraged to review DOJ's guidelines on self-assessment, Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs (May 2011), as well as other materials, available at www.lep.gov. After completing the Four Factor Analysis, use the results of the analyses to determine which language assistance services are appropriate. Additionally, the recipient shall develop an assistance plan to address the identified needs of the LEP population(s) it serves. Your agency should make your analysis based on a demographic analysis of the populations affected, the type of plan, program and/or service under consideration, and the resources available. If you have any questions or concerns while building your Limited English Proficiency Plan/ Language Access Plan, please contact the ADOT Civil Rights Office at (602) 712-8946 and ask to speak with the FTA Title VI Program Specialist.

TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE**'s extent of obligation to provide LEP services, the **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

- 1) The number or proportion of LEP persons eligible in the **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** service area who may be served or likely to encounter by **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** program, activities, or services;

INSERT A SERVICE AREA DEMOGRAPHIC CHART HERE

- 2) The frequency with which LEP individuals come in contact with an **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** services;
- 3) The nature and importance of the program, activities or services provided by the **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** to the LEP population; and

- 4) The resources available to **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE** and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

A statement in (Spanish or specific language per your community make up) will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested. (List all other efforts to provide services to LEP individuals)

Safe Harbor Provision

TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Title VI Notice
- (2) Complaint Procedures
- (3) Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital Documents include the following:

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation
- (3) Outreach Materials
- (4) Bus Schedules
- (5) Route Changes
- (6) Public Hearings

PROVIDE SAMPLE DOCUMENTS OF THE TYPES OF SERVICES YOUR AGENCY PROVIDES FOR LEP INDIVIDUALS

Non-elected Committees Membership Table

A subrecipient who selects the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

Table Depicting Membership of Committees, Councils, Broken Down by Race

| Body | Caucasian | Latino | African American | Asian American | Native American |
|--|-----------------|-----------------|------------------|-----------------|-----------------|
| Population | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% |
| TYPE THE NAME OF THE COMMITTEE HERE | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% |
| TYPE THE NAME OF THE COMMITTEE HERE | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% |
| TYPE THE NAME OF THE COMMITTEE HERE | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% | TYPE % HERE% |

Describe the process the agency uses to encourage the participation of minorities on such committees should be included

☐ **TYPE AGENCY NAME HERE** does NOT select the membership of any transit-related committees, planning boards, or advisory councils.

Monitoring for Subrecipient Title VI Compliance

DESCRIBE HOW YOU MONITOR YOUR SUBRECIPIENTS. This can be through site visits, submissions of Title VI Plans annually, or training and surveys

☐ TYPE AGENCY NAME HERE does NOT monitor subrecipients for Title VI compliance.

Title VI Training

DESCRIBE HOW YOUR AGENCY IS TRAINED ON TITLE VI REQUIREMENTS. THIS INCLUDES TITLE VI COORDINATORS, STAFF AND SUBRECIPIENTS. Please list trainings attended in the last year as well as upcoming trainings that will be attended.

Title VI Equity Analysis

A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. “Facilities” in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.

The **TYPE AGENCY NAME** has no current or anticipated plans to develop new transit facilities covered by these requirements. No facilities covered by these requirements were developed since **DATE SINCE LAST FACILITY WAS BUILT**. ***Please delete this section if it does not apply to your agency. If it does, please delete the below text in this section.**

A. Introduction

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Per 49 CFR 21.9(b)(3), recipients may not select the site or location of facilities with the purpose or effect of excluding persons from, denying the benefits of, or subjecting them to discrimination on the basis of race, color, or national origin. Additionally, the location of projects requiring land acquisition and the displacement of persons from their residences and business may not be determined on the basis of race, color, or national origin.

This document is an analysis of **TYPE YOUR AGENCY/TRANSIT PROVIDER NAME HERE**’s planned **TYPE PROPOSED MONTH/YEAR OF AGENCY COMPLETION TYPE AGENCY HERE (Facility Construction Only)**

B. Background

DESCRIBE THE AGENCY(why it was proposed, the projected benefits of the project, etc.)

C. Analysis

For facilities covered by this provision, recipients are required to:

- 1) Complete a Title VI equity analysis during the planning state with regard to where an agency is located to ensure the location is selected without regard to race, color, or national origin, and engage in outreach to persons potentially impacted by siting of facilities. The Title VI equity analysis must compare the equity impacts of various siting alternatives, and the analysis must occur before the selection of the preferred site.
- 2) Give attention to other facilities with similar impacts in the area to determine if any cumulative adverse impacts might result. Analysis should be done at the Census tract or block group level where appropriate to ensure proper analysis of localized impacts.

3) Provide substantial legitimate justification for locating an agency in a location that will result in a disparate impact on the basis of race, color, or national origin, and show that there are no alternative locations that would have a less disparate impact on the basis of race, color, or national origin. In order to show that both tests have been met, the recipient must consider and analyze alternatives to determine whether those alternatives would have less of a disparate impact on the basis of race, color, or national origin, and then implement the least discriminatory alternative.

Fixed Route Transit Provider Analysis

Note: if this section does not apply to you, please delete it and submit your Title VI Plan without this section.

Fixed route: Public transit service (other than by aircraft) provided on a repetitive, fixed-schedule basis along a specific route, with vehicles stopping to pick up passengers.

A subrecipient providing fixed route service, as defined above, must determine the distribution of transit amenities or the vehicle assignments for each mode in a non-discriminatory manner. The subrecipient must develop policies to ensure service is not distributed on the basis of race, color, or national origin.

Effective practices to fulfill the Service Standards requirements include developing written policies covering each of the following service indicators: **[INSTRUCTIONS](can be expressed in writing or in table format – see Circular Appendix G & H pp. 87-91)**

1) Vehicle Load for Each Mode

A ratio of passengers to the total number of seats (peak and off-peak times). If you operate multiple modes of transit, then you must describe the specific vehicle load standards for peak and off-peak times for each mode of fixed route transit service.

2) Vehicle Headway for Each Mode

This is the amount of time between two vehicles traveling in the same direction on a given or a combination of lines (shorter = more frequent). Please do this for peak and off-peak times.

3) On Time Performance for Each Mode

This is a measure of runs completed as scheduled. Please be sure to define what "on time" means (i.e. 0-5 minutes late is still on time).

4) Service Availability for Each Mode

Effective qualitative practices to fulfill the Service Policy requirements include developing written policies covering each of the following service indicators:

1) Transit amenities for each mode

These are items of comfort, convenience and safety available to the general riding public (i.e. seating, shelters, canopies, signs, maps, schedules, escalators, elevators, and waste receptacles).

Please describe how these amenities are distributed to ensure all riders have equal access.

2) Vehicle assignments for each mode

The process for placing transit vehicles into service depots and on routes throughout the transit provider's system.

Board Approval for the Title VI Program

ATTACH A COPY OF THE BOARD MEETING MINUTES HERE

Organizational Chart

ATTACH A COPY OF THE ORGANIZATIONAL CHART HERE